

20

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGAN

VAN JENKINS

Plaintiff(s),

v.

KRISTIN CRAWFORD, POLICE OFFICER
KATY PERKINS, POLICE OFFICER

Case:2:14-cv-11743
Judge: Friedman, Bernard A.
MJ: Hluchaniuk, Michael J.
Filed: 04-24-2014 At 09:17 AM
CMP VAN JENKINS V KRISTIN CRAWFORD,
ET AL (LG)

Defendant(s).
_____ /

COMPLAINT

- I. Defendant(s). Print the full name for each defendant. If there are more defendants, use additional pages to provide their names.

Name of Defendant(s)

1. KRISTIN CRAWFORD

2. KATY PERKINS

3.

4.

5.

- II. Statement of claim. Briefly state the facts of your case. Describe how each defendant is involved, and exactly what each defendant did, or failed to do. Include names of any other persons involved, dates, and places. You may use additional paper if necessary.

On the date of May 13, 2013 a circumvented traffic stop were made that arose to
an assault by Police Officer John Doe upon Officer Crawford ordering Plaintiff out
of his automobile after an International Driver's Permit & Michigan Driver's Permit
were presented to Police Officer Kristin Crawford in which she had stated that these
documents were "invalid". Kristin Crawford had placed on the handcuffs tightly until
~~pain occurred within my person, that is believed flared up Plaintiff's Hypertension~~
& Spina Bifida disability. No hospitalization was provided to a pre-existing diagno-
sised medical disability by a doctor. This is constitutes deliberate Indifference
of a serious medical need.

Title II of the Americans with Disabilities Act COMPLAINT FORM

Instructions: Please fill out this form completely, in black ink or type. Sign and return to the address on page 3.

Complainant:

VAN Jenkins

Address:

P.O. Box 7147

City, State and Zip Code:

Ann arbor, Mich. 48104-7147

Telephone: Home: (734)-834-7915

Business: _____

Person Making the Complaint:
(if other than the complainant)

Same above

Address:

City, State, and Zip Code:

Telephone: Home: _____

Business: _____

Department/Agency which you believe has discriminated:

Name:

Livonia Police Department

Address:

15050 Farmington Road

County: WAYNE

City:

Livonia

State and Zip Code:

Mich. 48154

Telephone Number:

(734)-466-2400

When did the event occur? Date:

May 13, 2013

Describe the event providing the name(s) where possible for the individuals who were involved (use space on page 3 if necessary):

Police Officer Kristin Crawford & Katy Perkins Deprivation, Profiling
& assault causing Complainant's Spina Bifida & Hypertension to flare
up causing pain. SEE THE ATTACHED AFFIDAVIT BASED ON THIS COMPLAINT.

Has the complaint been filed with the Michigan Department of Civil Rights or the Federal Department of Justice or any other Federal agency or court?

Yes _____ No x

If yes:

Agency or Court:

Contact Person:

Address:

City, State, and Zip Code:

Telephone Number:

Date Filed:

Do you intend to file with another agency or court?

Yes x No _____

Agency or Court:

UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF SOUTHERN MICHIGAN

Address: THEODORE LEVIN UNITED STATES COURTHOUSE
231 WEST LAFAYETTE BLVD., ROOM 730

COMPLAINT CONTINUED UNDER AFFIDAVIT OF VAN JENKINS

The following complaint are for refernce and is not to be contrued to grant authorities if not rebutted timely, stand as true & correct. The Complainant as a private man with disabilities reserve all Rights at all times and waives no Rights at any time.

1. Complainant, was at all times relevant and continues to be a resident of the City of Ann Arbor, County of Washtenaw, State of Michigan.
2. The Respondent(s), City of Livonia, is a municipal corporation formed in and exist-
ing within the State of Michigan, and at all times relevant to this Complaint, City of Livonia, employed Respondent, Police Officer Kristin Crawford, Katy Perkins and other police officers referred to in the above-referenced complaint those that aren't cited by name shall be amended upon the permission of the Civil Service Commission granting to complainant means for discovery prior to the administrative hearing.
3. Respondent Police Officer Kristin Crawford & Katy Perkins was and at all times relevant is Police Officers of the Livonia Police Department, the Police Department in the State of Michigan.
4. Respondents, County of Wayne, is a municipal corporation formed in and exist-
ing within the State of Michigan, and at all times relevant to this complaint, Respondents of Wayne Couty, may have employed certain police officers who are the subject of this Complaint.
5. Respondents, of Waynes county's sheriff's office, ia a subdivision and/or department, County of Wayne, and emplyed certain police officers which are referred to in this complaint.
- 6 Respondent(s), of the Stateof Michigan, employed certain police officers, names and identities unknown to plaintiff at this time which are referred to in this complaint.
7. Each of the individually named Respondents may be sued individually and in their official capacities.
8. Each of the individually named Respondents were at all times relevant acting under color or State law on behalf of the Livonia Police Department, of the Wayne County Sheriff's Office.
9. Violations committed by or under the follwoing statutory provisions of: 18 U.S.C. 241 & 242; Americans With Disabilities Act, 42 U.S.C. 1983; 42 U.S.C. 1988. The Michigan Civil Service Commission hold jurisdiction

FACTS

10. On the date of May 13, 2013 at approximately 0406 hrs., Complainant was traveling after coming from working at the Gibraltar Trade Center in Taylor, Michigan in search of a hotel to rest.
11. Complainant was at the Stop signed in his 2011 silver Ford Escape when Kristin

Crawford & Katy Perkins were traveling southbound on Newburgh Road & drove across in front of the Complainant's automobile.

12. Complainant was being directed to the hotel address by his GPS system and had turned right on Newburgh Road behind Police Officers vehicle about five car lengths behind.

13. The Police Officers' vehicle pulled over to the side to allow Complainant to drive pass them. The Complainant was forced to turned down a wrong street by the police officers movement of the vehicle.

14. It was later stated by the Police Officer Kristin Crawford that Complainant was appeared to be traveling well under the posted speed limit of 45mph in the left through lane, despite the fact of slowing the vehicle in looking for the hotel's address.

15. There were no alcoholic tests done to support the police officers' false allegations stating that she observed the Complainant's automobile weaving in and out of the lane of travel. This was only to circumvent probable cause to make a traffice stop.

16. Complainant were asked for his Driver's License by Police Officer Kristin Crawford. Complainant provided his International Driver's Permit & Michigan Driver's Permit. Officer Crawford ordered Complainant out of the car and proceeded putting the handcuffs on Complainant stating that she must find out who he is. This incident was taped by Complainant as he does all traffic stops.

17. While the police officer Crawford placing the handcuffs on to Complainant's wrists, she clamped them down very hard causing pain and the flaring up of his Spina Bifida Disability & Hypertension.

18. Complainant was refused medical help or hospitalization for his injuries. Officer Crawford this is deliberate indifference to a serious medical need that has been diagnosed by a Doctor. Pursuant to 18 U.S.C. 241/242 no person shall be injured, threatened or hindered from the free exercise of his U.S. Constitutional Rights.

19. Whoever, under color of any law, statute, ordinance, regulation, or custom, willfully subjects any person in any State to the Deprivation of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States, or to different punishments, pains, or penalties, by reason of his color, or race, than are prescribed for the punishment of citizens, shall be fined.

20. Complainant was deprived of his Right To Travel where Police Officer Crawford stated that Complainant's International Driver's Permit & Michigan Driver's Permit is invalid. Previous Police officers whom have written citations upon

Complainant never stated that any of his Driving Permits were invalid. Complainant was arrested without probable cause for search and seizure of property from Complainant's automobile.

21. Among some of the property confiscated were Complainant's Financial Responsibility Bond per Financial Responsibility Act, MCL 257.517 & 257.523 bearing \$5,000, 000 to cover car accidents, injuries of others, to pay court cost and fees, as well as attorney fees when there's a car accident; legal pleadings to other judicial proceedings; relevant work records bearing on collecting unemployment claim(s); tools in which Police Officer Crawford turned them in to Burglary tools upon Profiling complainant.

22. An offense under 18 U.S.C. 242 is properly stated by allegations of willful deprivation, under color of law, of life and liberty without due process of law.

23. Misuse of power, possessed by virtue of State law and made possible only because the wrongdoer is clothed with authority of State law, is action taken under color of State law within the meaning of section 242 of the United States Code Annotated Title 18.

24. The Supreme Court has held that whenever a police officer accosts an individual and restrains his freedom to walk away, he has seized that person, and brief seizure is a serious intrusion upon the sanctity of the person, which may inflict great indignity and arouse strong resentment, and it is not to be undertaken lightly, see *Terry V. Ohio*, 392 U.S. 692, 696 n. 5 (1968).

25. Complainant was taken to the Livonia Police Department and money he had received earlier while at the Gibraltar Trade Center in \$100 & \$50 dollar bills were confiscated upon being transferred from Livonia, Michigan to Wayne County Jail, the booking officer noted \$214.95 cents. Previously Officer Crawford stated that if you have any money you can get release right now.

26. As a result of these incidents, Complaint have not been provided medication for his spina bifida disability, but did receive Hypertension medicine:

1. became deprived of his residence where the Landlord evicted him from his home;
2. His Automobile was repossessed by the University Of Michigan Credit Union whom granted Complainant a car loan.
3. Deprived of paying his car loan on time;
4. Deprived of The Right to travel with a Michigan Driver's Permit that Police Officer Kristin Crawford refused to recognize by stating that his Driving documents are invalid then charging him with "OPERATING WITHOUT A LICENSE ON PERSON-did operate a motor vehicle, to-wit: FORD ESCAPE, without having in his immediate possession an operator's or chauffeur's license and did fail to display the same upon the demand of an Officer, Police Officer Katy Perkins or Police Officer Kristin Crawford.
5. Deprived of his Financial Responsibility Bond that prevented him from releasing the money from this bond for a car accident that occurred in Woodhaven, Michigan; etc.

27. At the time the Respondents stopped and searched Complainant's automobile, they did not possess any reasonable suspicion that a crime had been or was being

committed by Complainant.

28. Upon information and belief, the Respondents stopped, detained, and interrogated Complainant and illegally searched Complainant's automobile solely on the basis of Complainant's Africa American race and color.

29. Upon information and belief, the complaint of stop, detaintion, and search was the result of racial profiling practiced by City of Livonia, Livonia Police Department in the County of Wayne.

RELIEF

WHEREFORE, Complainant request that this Civil Service Commission grant to him an investigation and hearing of these misconduct infractions against the cited Police Officers, and that:

1. Complainant's Financial Responsibility Bond(s) be returned to him that will enable him to pay the car accident damage that occurred prior to the May 13, 2013 incident with Livonia Police Department's officers.
 2. That Complainant be furnished another Michigan Driver's Permit without delay as the present one has expired due to the detention of the illegal traffic stop.
 2. That Complainant be re-instated to his Truck Driving Job he would have gotten had the Livonia Police Dept. never placed him in jail. This was being provided by the Michigan Rehabilitation Services whom aid people with disabilities obtain employment through vocational training;
 4. Restore Complainant's Residence he has lost due to the illegal arrest by placing him in jail where he could not make the payments on his rent to his Landlord. The Landlord Mr. Terry Turner evicted complainant due to not paying rent on time in which caused a lost by the Respondent's illegal detention of complainant losing his legal and personal property from his home.
 5. That Complainant's Silver 4 door Ford Escape vehicle be returned to him along with his International Driving Permit and other records to Judicial proceedings as well as to the U.S. Senators.
 6. That Complainant's medical services including medicine be paid from the Police Officers Kristin Crawford & Katy Perkins
 7. That \$1,285.05 be paid that was wrongfully confiscated from complainant during the wrongful detention and being deprived of money he earned from his merchandise sales at Gibraltar Trade Center.
- That the complainant reserves the right to amend this complaint.

8/25/13
DATE

Van Jenkins
VAN JENKINS
COMPLAINANT

VAN JENKINS
P.O. BOX 7147
ANN ARBOR, MICH. 48107-7147

8/14/13

Woodhaven Police Department
21869 West Road
Woodhaven, mich. 48183

RE: ORI NUMBER: MI8283100; FREEDOM OF INFORMATION ACT, PURSUANT TO
MCL 15.231; FINANCIAL RESPONSIBILITY ACT, MCL 257.524

Dear Sir/Madam:

I'm writing your office this letter in request for a complete Detained Information as captioned above to enable me to perform my Financial Responsibility regarding the Car Accident that occurred in the Woodhaven Meijer Parking Lot on the date of 5/6/2013.

Having received the attached Case Report #5097 this report is inadequate in that it doesn't provide complete information in order for me to carry out my Financial Responsibility. The opposing party Stacey Jean Price's home address isn't provided. The Witness address is not provided. Vehicles descriptions and Identification information isn't provided. Even the description of the accident as to damages isn't provided, nor photographs of said damages isn't provided.

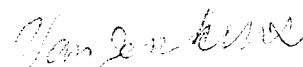
According to the Michigan Constitution Art.1, Section 20 requires me to be provided with information or to be informed of the accusation, witness information and to have compulsory process for obtaining witness information to resolve the issues of damages. There is the license Plate Number CDD8079 and AAA Insurance Company Name for Stacey Jean Price Only. No Policy Number nor Insurance Company address or person of contact is provided for Stacey Jean Price. However, Mr. Jenkins contact information, address, phone number and license Plate Number is provided but no description of Vehicle.

I request therefore, under the authority of the Freedom of Information Act, and Michigan Constitution in the below enumerated information:

1. Stacey Jean Price full complete address & Phone number
2. Joseph Rudolph Scalise full complete address & Phone number
3. Full complete detailed information for the vehicle of Stacey Jean Price- the type, make, model and serial number
4. Stacey Jean Price's AAA Insurance Claim Adjuster full name, address, Phone number and Policy Number for vehicle Insurance.
5. The complete Nationwide Mutual Insurance Company's claim Adjuster's full name and address.
6. Reporting Officer full name #3692-Smith as Expert witness

Thank you very much in assisting me in resolving this car accident matter in advance.

Sincerely,


Van Jenkins

1212:012 X8 A347 113 0097 25.00

MICHIGAN TEMPORARY INSTRUCTION PERMIT

MICHIGAN DRIVER LICENSE

J 525 839 014 077

O
EXPIRES ON 06-10-2013

LICENSE TYPE

VAN JENKINS

1235 LEXINGTON PKWY
YPSILANTI

MI 48198-3135

DATE OF BIRTH: 01-29-1959

SEX M

RESTRICTIONS

EYE COLOR HAZ

HEIGHT 5 6

SIGNATURE X

Van Jenkins

I certify the above information is true and correct. I have surrendered all valid licenses issued to me by this or any other state, and I do not possess a valid license. I did not have any physical or mental disability which affects my ability to operate a motor vehicle safely nor have I experienced any loss or impairment of consciousness in the past six months (chauffeurs 12 months). I understand my signature may be retained and used for programs administered by the Department of State. NOTE: IT IS A CRIME TO MAKE A FALSE

MICHIGAN MI USA
IDENTIFICATION CARD

J 525 839 014 077
DOB 01-29-1959
ISS 12-29-2011
EXP 01-29-2015
012959

VAN JENKINS
701 NEWPORT PL
ANN ARBOR, MI 48103-3847
Sex M Wgt 193 Hgt 506
Eyes BLK

Van Jenkins

DD: 004110289100
Rev 01-21-2011



August 22, 2013

Van Jenkins
1235 Lexington Parkway
Ypsilanti, MI 48198

To whom it may concern:

The payoff for Van Jenkins on account 129066-00 as of 09/02/13 will be \$27,248.57. The daily interest amount is 4.9265. This payoff assumes no further advances or payments will be made to this loan. Contact our office, prior to closing, for the exact amount required to pay this loan in full.

Please deliver the payoff funds to our office at:

University of Michigan Credit Union
P.O. Box 7850
Ann Arbor, MI 48107

Sincerely,

A handwritten signature in black ink, appearing to read 'A Smith'.

Andrea Smith
Member Service Rep, Extension 2107

12/11/2012

BKC05316

Invoice/Stock No.

Invoice/Stock No.

Dealer **RIGHTWAY AUTOMOTIVE CREDIT**

Address **2789 Washtenaw Avenue**

City **YPSILANTI**

County **WASHTENAW** State **MICHIGAN** Zip Code **48197**

Dealer License **B 203483** Sales Tax License **38-3262492** Phone Number **(734) 714-4000**

Vehicle Sold New ☐ Used ☒ Demo ☐ Trade-In Yes ☐ No ☒
Trade-In Year **N/A** Make **N/A** Vehicle No. **N/A**

**TEMPORARY VEHICLE REGISTRATION
USED TO TRANSFER PLATES**
Expires 15 days after delivery date
Plate transferred from Year Make
Vehicle No. Plate No. Temp. Expiration Date

VEHICLE USE AND HISTORY DISCLOSURE:

- ☐ POLICE VEHICLE ☐ VEHICLE HAS BEEN FLOOD-DAMAGED
☐ GOVERNMENT VEHICLE ☐ SALVAGE TITLE HAS PREVIOUSLY BEEN ISSUED
☐ TAXI ☐

ODOMETER MILEAGE

The following section must be completed when odometer disclosure is required. The odometer mileage reading must match the mileage reading disclosed to the purchaser on the title and/or mileage statement.

36028
NO TENTHS

- ☐ actual mileage ☐ not actual mileage ☐ exceeds mechanical limits of odometer

Factory Installed Accessories ☐ Factory List Affixed To Vehicle ☒

Dealer Installed Accessories
When Optional to Purchaser

REMARKS:
C3256020

CONTRACTUAL DISCLOSURE STATEMENT FOR USED VEHICLES ONLY

"The information you see on the window form for this vehicle is part of this contract. Information on the window form overrides any contrary provisions in the contract of sale."

"I CERTIFY I SOLD THIS VEHICLE TO THE PURCHASER NAMED IN THIS FORM. I WARRANT THE TITLE TO THE VEHICLE AND CERTIFY THAT THE VEHICLE IS SUBJECT ONLY TO THE SECURITY INTERESTS NAMED ABOVE."

AGENT

Dealer's Signature

Title

PURCHASER WARNING: DO NOT SIGN BLANK FORM

I am purchasing or leasing this vehicle and am applying for a Michigan certificate of title and registration or, if the lessee, applying for a registration. I certify my driver license is not suspended, revoked, or denied as a repeat offender and I am eligible to purchase or register this vehicle. I further certify that if a tax exemption is shown above it is valid.

2012 x **Van Jenkins**
Date **X**
Date **X**
Date **X**
Date **X**
Purchaser's/Lessor's Signature(s)

Date **X**
Date **X**
Date **X**
Date **X**
Lessee's Signature(s)

PURCHASERS NOTE: IF VEHICLE TITLE IS NOT RECEIVED WITHIN 30 DAYS, CONTACT THE BUREAU OF AUTOMOTIVE REGULATION AT 1-800-292-4204

Authority granted by P.A. 300 of 1949, as amended.

THIS FORM MUST BE TYPED ONLY

RD-108 12/02

Expires On Month 01 Year 2014		Months 14	<input checked="" type="checkbox"/> NEW PLATE <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER	
Year 2011	Make FORD	Body Style SW	Code 1	County 81
Vehicle No. 1FMCU9D79BKC05316		Fee Category/Weight 26	License Fee 148.00	
Driver License No./PIDs of All Owners or Lessees 1) J525839014077 3)			Title 15.00	
2) County of Residence			Title Late Fee N/A	
Complete Names and Addresses of All Owners or Lessors VAN JENKINS 1235 LEXINGTON PARKWAY YPSILANTI, MI 48198			Tax 1367.40	
Complete Names and Addresses of All Lessees			Reg. Transfer Fee 1530.40	
Insurance Company STATE FARM <i>Nationwide</i>			Policy No. or Binder No. BINDER	
First Secured Interest UNIVERSITY OF MICHIGAN CR 340 E HURON ANN ARBOR MI 48108			Filing Date 11 DEC 2012	
Second Secured Interest			Filing Date	
Address			City-State Zip	
1. PURCHASE PRICE OF VEHICLE (Including Freight & Accessories)			22600.00	
2. OTHER TAXABLE CHARGES (Documentary Fee, Service Fee, Temp. Reg. Fee, Etc.)			190.00	
3. TOTAL TAXABLE PRICE			22790.00	
4. (Above total) SALES TAX - LICENSE - TITLE			1530.40	
5. NON-TAXABLE CHARGES (Labor, Service Contract, Etc.)			N/A	
6. TOTAL DELIVERED PRICE			24320.40	
7. CASH ON DEPOSIT			500.00	
8. CASH DUE ON DELIVERY			N/A	
9. TRADE-IN			N/A	
10. LESS LIEN			N/A	
11. TOTAL DOWN PAYMENT			500.00	
12. UNPAID BALANCE TO BE FINANCED			23820.40	
13. INSURANCE CHARGE*			N/A	
14. TOTAL AMOUNT OF FINANCE CONTRACT			23820.40	
*TYPE OF INSURANCE				
WARNING: This insurance is not PL/PD No Fault Insurance required by Michigan Law.				
<input type="checkbox"/> CREDIT LIFE <input type="checkbox"/> HEALTH & ACCIDENT <input type="checkbox"/> GAP INSURANCE <input checked="" type="checkbox"/>				
Temporary Registration No. C3256020			Temporary Fee Charged Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Salesperson PENNINGTON, ERIC				

Buyer Name and Address (Include County and Zip Code) 1235 LEXINGTON PARKWAY YPSILANTI MI 48198	Co-Buyer Name and Address (Include County and Zip Code) 2788 WASHTEAN AVE. YPSILANTI, MI 48197	Creditor-Seller Name and Address RIGHTWAY AUTOMOTIVE CREDIT 2788 WASHTEAN AVE. YPSILANTI, MI 48197
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You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract. You agree to pay the Creditor - Seller (sometimes "we" or "us" in this contract) the Amount Financed and Finance Charge in U.S. funds according to the payment schedule below. We will figure your finance charge on a daily basis. The Truth-in-Lending Disclosures below are part of this contract.

New/Used/Demo	Year	Make and Model	Odometer	Vehicle Identification Number	Primary Use For Which Purchased
USED	2011	ESCAPE	36028	1FMCU9D79BKC05316	<input type="checkbox"/> Personal, family, or household use <input type="checkbox"/> business <input type="checkbox"/> agricultural

FEDERAL TRUTH-IN-LENDING DISCLOSURES				
ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	Total Sale Price
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The total cost of your purchase including your down payment.	The total cost of your purchase on credit, including your down payment.
6.74%	\$ 5205.68	\$ 23820.40	\$ 29026.08	\$ 29526.08

Your Payment Schedule Will Be:	
Number of Payments	When Payments Are Due
72	MONTHLY 01/10/2013

Or As Follows:

Late Charge, if payment is not received in full within 10 days after it is due, you will pay a late charge of \$ 15 or .5% of the part of the payment that is late, whichever is greater.

Prepayment, if you pay off all your debt early, you will not have to pay a penalty. Security interest, you are giving a security interest in the vehicle being purchased. Additional information: See this contract for more information including information about nonpayment, default, any required repayment in full before the scheduled date and security interest.

ITEMIZATION OF AMOUNT FINANCED

1. Cash Price	
A. Taxable Part of Cash Price	\$ 22600.00
I. Vehicle	\$ 22600.00
II. Accessories and Installation Charges	\$ 130.00
B. Document Preparation Fee	\$ N/A
C. N/A	\$ N/A
D. N/A	\$ N/A
E. N/A	\$ N/A
F. N/A	\$ N/A
G. N/A	\$ N/A
H. N/A	\$ N/A
I. N/A	\$ N/A
J. N/A	\$ N/A
K. N/A	\$ N/A
L. N/A	\$ N/A
M. N/A	\$ N/A
N. N/A	\$ N/A
O. N/A	\$ N/A
P. N/A	\$ N/A
Q. N/A	\$ N/A
R. N/A	\$ N/A
S. N/A	\$ N/A
T. N/A	\$ N/A
U. N/A	\$ N/A
V. N/A	\$ N/A
W. N/A	\$ N/A
X. N/A	\$ N/A
Y. N/A	\$ N/A
Z. N/A	\$ N/A
AA. N/A	\$ N/A
AB. N/A	\$ N/A
AC. N/A	\$ N/A
AD. N/A	\$ N/A
AE. N/A	\$ N/A
AF. N/A	\$ N/A
AG. N/A	\$ N/A
AH. N/A	\$ N/A
AI. N/A	\$ N/A
AJ. N/A	\$ N/A
AK. N/A	\$ N/A
AL. N/A	\$ N/A
AM. N/A	\$ N/A
AN. N/A	\$ N/A
AO. N/A	\$ N/A
AP. N/A	\$ N/A
AQ. N/A	\$ N/A
AR. N/A	\$ N/A
AS. N/A	\$ N/A
AT. N/A	\$ N/A
AU. N/A	\$ N/A
AV. N/A	\$ N/A
AW. N/A	\$ N/A
AX. N/A	\$ N/A
AY. N/A	\$ N/A
AZ. N/A	\$ N/A
BA. N/A	\$ N/A
BB. N/A	\$ N/A
BC. N/A	\$ N/A
BD. N/A	\$ N/A
BE. N/A	\$ N/A
BF. N/A	\$ N/A
BG. N/A	\$ N/A
BH. N/A	\$ N/A
BI. N/A	\$ N/A
BJ. N/A	\$ N/A
BK. N/A	\$ N/A
BL. N/A	\$ N/A
BM. N/A	\$ N/A
BN. N/A	\$ N/A
BO. N/A	\$ N/A
BP. N/A	\$ N/A
BQ. N/A	\$ N/A
BR. N/A	\$ N/A
BS. N/A	\$ N/A
BT. N/A	\$ N/A
BU. N/A	\$ N/A
BV. N/A	\$ N/A
BW. N/A	\$ N/A
BX. N/A	\$ N/A
BY. N/A	\$ N/A
BZ. N/A	\$ N/A
CA. N/A	\$ N/A
CB. N/A	\$ N/A
CC. N/A	\$ N/A
CD. N/A	\$ N/A
CE. N/A	\$ N/A
CF. N/A	\$ N/A
CG. N/A	\$ N/A
CH. N/A	\$ N/A
CI. N/A	\$ N/A
CJ. N/A	\$ N/A
CK. N/A	\$ N/A
CL. N/A	\$ N/A
CM. N/A	\$ N/A
CN. N/A	\$ N/A
CO. N/A	\$ N/A
CP. N/A	\$ N/A
CQ. N/A	\$ N/A
CR. N/A	\$ N/A
CS. N/A	\$ N/A
CT. N/A	\$ N/A
CU. N/A	\$ N/A
CV. N/A	\$ N/A
CW. N/A	\$ N/A
CX. N/A	\$ N/A
CY. N/A	\$ N/A
CA. N/A	\$ N/A
CB. N/A	\$ N/A
CC. N/A	\$ N/A
CD. N/A	\$ N/A
CE. N/A	\$ N/A
CF. N/A	\$ N/A
CG. N/A	\$ N/A
CH. N/A	\$ N/A
CI. N/A	\$ N/A
CJ. N/A	\$ N/A
CK. N/A	\$ N/A
CL. N/A	\$ N/A
CM. N/A	\$ N/A
CN. N/A	\$ N/A
CO. N/A	\$ N/A
CP. N/A	\$ N/A
CQ. N/A	\$ N/A
CR. N/A	\$ N/A
CS. N/A	\$ N/A
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FINANCE CHARGE AND PAYMENTS

- How we will figure Finance Charge. We will figure the Finance Charge on a daily basis at the Annual Percentage Rate on the unpaid part of the Amount Financed.
- How we will apply payments. We may apply each payment to the earned and unpaid part of the Finance Charge, to the unpaid part of the Amount Financed and to other amounts you owe under this contract in any order we choose.
- How late payments or early payments change what you must pay. We based the Finance Charge, Total of Payments, and Total Sale Price shown on the front on the assumption that you will make every payment on the day it is due. Your Finance Charge, Total of Payments, and Total Sale Price will be more if you pay late and less if you pay early. Changes may take the form of a larger or smaller final payment or, at our option, more or fewer payments of the same amount as your scheduled payment with a smaller final payment. If all your scheduled payments are equal, we will give you at least 25 days after the final scheduled payment is due to pay any extra amount you owe because you paid late. We will send you a notice telling you about these changes before the final scheduled payment is due.
- You may prepay. You may prepay all or part of the unpaid part of the Amount Financed at any time without penalty. If you do so, you must pay the earned and unpaid part of the Finance Charge and all other amounts due up to the date of your payment.
- Your right to refinance a balloon payment. A balloon payment is a scheduled payment that is larger than any of the substantially equal prior scheduled payments. If your final scheduled payment is a balloon payment, you have the right to enter into a new written agreement when it is due (refinance). You may refinance the balloon in equal installments over a reasonable period of time. During this period, you will also pay a finance charge on the unpaid balance computed using the Annual Percentage Rate on the front.

2. YOUR OTHER PROMISES TO US

- If the vehicle is damaged, destroyed, or missing. You agree to pay us all you owe under this contract even if the vehicle is damaged, destroyed, or missing.
- Using the vehicle. You agree not to remove the vehicle from the U.S. or Canada, or to sell, rent, lease, or transfer any interest in the vehicle or this contract without our written permission. You agree not to expose the vehicle to misuse, seizure, confiscation, or involuntary transfer. If we pay any repair bills, storage bills, taxes, fines, or charges on the vehicle, you agree to repay the amount when we ask for it.
- Security Interest. You give us a security interest in:
 - The vehicle and all parts or goods put on it;
 - All money or goods received (proceeds) for the vehicle;
 - All insurance, maintenance, service, or other contracts we finance for you; and
 - All proceeds from insurance, maintenance, service, or other contracts we finance for you. This includes any refunds of premiums or charges from the contracts.
 This secures payment of all you owe on this contract. It also secures your other agreements in this contract. You will make sure the title shows our security interest (lien) in the vehicle.
- Insurance you must have on the vehicle. You agree to have physical damage insurance covering loss of or damage to the vehicle for the term of this contract. The insurance must cover our interest in the vehicle. If you do not have this insurance, we may, if we choose, buy physical damage insurance. If we decide to buy physical damage insurance, we may either buy insurance that covers your interest and our interest in the vehicle, or, if such coverage cannot be obtained, buy insurance that covers only our interest. If we buy either type of insurance, we will tell you which type and the charge you must pay. If you fail to pay us, and if permitted by law, we may add the charge to the balance owing under this contract. We may increase the amount of your scheduled payment in order to amortize the charge by the time your final payment is due. As an alternative and, if you specifically agree, you may have a larger or balloon final payment, or the date of the final payment may be extended. The charge will be the cost of the insurance and a finance charge at the Annual Percentage Rate shown on the front of this contract. If the vehicle is lost or damaged, you agree that we may use any insurance settlement to reduce what you owe or repair the vehicle.
- What happens to returned insurance, maintenance, service, or other contract charges. If we get a refund of insurance, maintenance, service, or other contract charges, you agree that we may subtract the refund from what you owe.

NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF GOODS OR SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.

The preceding NOTICE applies only to goods or services obtained primarily for personal, family, or household use. In all other cases, Buyer will not assert against any subsequent holder or assignee of this contract any claims or defenses the Buyer (debtor) may have against the Seller, or against the manufacturer of the vehicle or equipment obtained under this contract.

ARBITRATION CLAUSE**PLEASE REVIEW - IMPORTANT - AFFECTS YOUR LEGAL RIGHTS**

- EITHER YOU OR WE MAY CHOOSE TO HAVE ANY DISPUTE BETWEEN US DECIDED BY ARBITRATION AND NOT IN COURT OR BY JURY TRIAL.
 - IF A DISPUTE IS ARBITRATED, YOU WILL GIVE UP YOUR RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR CLASS MEMBER ON ANY CLASS CLAIM YOU MAY HAVE AGAINST US INCLUDING ANY RIGHT TO CLASS ARBITRATION OR ANY CONSOLIDATION OF INDIVIDUAL ARBITRATIONS.
 - DISCOVERY AND RIGHTS TO APPEAL IN ARBITRATION ARE GENERALLY MORE LIMITED THAN IN A LAWSUIT, AND OTHER RIGHTS THAT YOU AND WE WOULD HAVE IN COURT MAY NOT BE AVAILABLE IN ARBITRATION.
- Any claim or dispute, whether in contract, tort, statute or otherwise (including the interpretation and scope of this Arbitration Clause, and the arbitrability of the claim or dispute), between you and us or our employees, agents, successors or assigns, which arises out of or relates to your credit application, purchase or condition of the vehicle, this contract or any resulting transaction or relationship (including any such relationship with third parties who do not sign this contract) shall, at your or our election, be resolved by neutral, binding arbitration and not by a court action. If federal law provides that a claim or dispute is not subject to binding arbitration, this Arbitration Clause shall not apply to such claim or dispute. Any claim or dispute is to be arbitrated by a single arbitrator or an individual panel and not as a class action. You expressly waive any right you may have to arbitrate a class action. Arbitration shall be conducted by the American Arbitration Association, 333 Madison Ave., Floor 10, New York, NY 10017-4606 (www.adr.org), or any other organization that you choose subject to our approval. You may get a copy of the rules of these organizations by contacting the arbitration organization or visiting its website.
- Arbitrators shall be attorneys or retired judges and shall be selected pursuant to the applicable rules. The arbitrator shall apply governing substantive law in making an award. The arbitration hearing shall be conducted in the federal district in which you reside unless the Creditor-Seller is a party to the claim or dispute, in which case the hearing will be held in the federal district where the contract was executed. We will advance your filing, administration, service or case management fee and your arbitrator or hearing fee all up to a maximum of \$2500, which may be reimbursed by decision of the arbitrator at the arbitrator's discretion. Each party shall be responsible for its own attorney, expert and other fees, unless awarded by the arbitrator under applicable law. If the chosen arbitration organization's rules conflict with this Arbitration Clause, then the provisions of this Arbitration Clause shall control. The arbitrator's award shall be final and binding on all parties, except that in the event the arbitrator's award for a party is \$0 or against a party is in excess of \$100,000, or includes an award of injunctive relief against a party, that party may request a new arbitration under the rules of the arbitration organization by a three-arbitrator panel. The appealing party requesting new arbitration shall be responsible for the filing fee and other arbitration costs subject to a final determination by the arbitrators of a fair apportionment of costs. Any arbitration under this Arbitration Clause shall be governed by the Federal Arbitration Act (9 U.S.C. § 1 et. seq.) and not by any state law concerning arbitration.
- You and we retain any rights to self-help remedies, such as repossession. You and we retain the right to seek remedies in small claims court for disputes or claims within that court's jurisdiction, unless such action is transferred, removed or appealed to a different court. Neither you nor we waive the right to arbitrate by using self-help remedies or filing suit. Any court having jurisdiction may enter judgment on the arbitrator's award. This Arbitration Clause shall survive any termination, payoff or transfer of this contract. If any part of this Arbitration Clause other than the waiver of class action rights, is deemed or found to be unenforceable for any reason, the remainder shall remain enforceable. If a waiver of class action rights is deemed or found to be unenforceable for any reason in a case in which class action allegations have been made, the remainder of this Arbitration Clause shall be unenforceable. Notwithstanding any other provision of this Arbitration Clause, the validity and scope of the waiver of class action rights shall be decided by the court and not by the arbitrator.

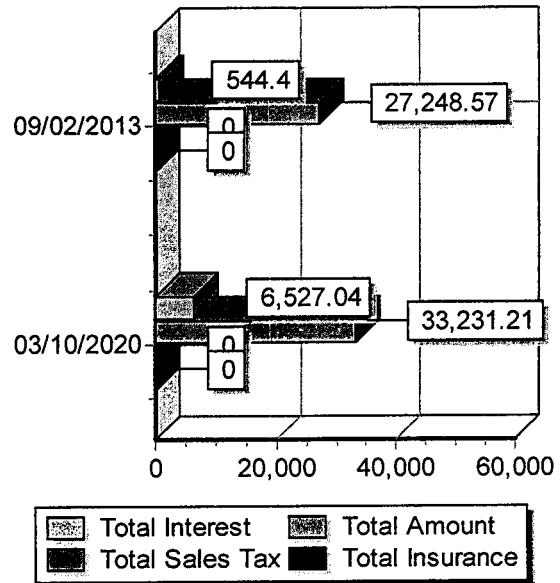
0129066 JENKINS,VAN Loan 00: 2011 FORD ESCAPE Payoff

08/22/2013

A payment of \$27,248.57 is required to pay off this loan on 09/02/13.

Principal Balance: 26,679.17
Interest Type: Daily
Interest Rate: 6.740
Interest Due: 544.40
One Day's Interest: 4.9265
Due Date: 05/10/2013
Amount Past Due by Payoff Date: 1,558.69
Past Due Payment Count: 4
Late Charge Due: 25.00

Payoff on 09/02/2013 vs. 03/10/2020





NOTICE OF REQUIREMENT TO PROVIDE INSURANCE

I (WE) THE UNDERSIGNED, DO UNDERSTAND THAT I (WE) AM (ARE) REQUIRED TO PROVIDE PHYSICAL DAMAGE INSURANCE TO PROTECT THE LENDER'S INTERESTS IN THE COLLATERAL SECURING MY (OUR) LOAN WITH UNIVERSITY OF MICHIGAN CREDIT UNION. THE POLICY MUST NAME UNIVERSITY OF MICHIGAN CREDIT UNION AS LOSS PAYEE AND IT MUST REMAIN IN EFFECT FOR THE ENTIRE TERM OF THE LOAN.

POLICIES ON VEHICLES SHALL INCLUDE BOTH COMPREHENSIVE AND COLLISION COVERAGES. A MAXIMUM DEDUCTIBLE OF \$1000.00 FOR EACH COVERAGE SHALL APPLY.

I (WE) MAY OBTAIN A POLICY FROM THE AGENT OF MY (OUR) CHOICE. IF I (WE) DO, I (WE) WILL HAVE MY AGENT FORWARD A COPY OF MY POLICY TO THE LENDER. IF I (WE) FAIL TO OBTAIN INSURANCE WITHIN FIFTEEN (15) DAYS FROM THE DATE OF THE SECURITY AGREEMENT, THE LENDER IS AUTHORIZED, BUT IS NOT REQUIRED, TO OBTAIN INSURANCE COVERAGE ON THE PROPERTY SECURING MY (OUR) LOAN. MY (OUR) EQUITY IN THE PROPERTY SHALL NOT BE PROTECTED.

THE LENDER IS ALSO AUTHORIZED, BUT IS NOT REQUIRED, TO OBTAIN INSURANCE COVERAGE ON THE PROPERTY SECURING MY (OUR) LOAN, **WITHIN FIFTEEN (15) DAYS**, SHOULD MY (OUR) OWN INSURANCE BE CANCELLED, EXPIRE OR TERMINATE, FOR ANY REASON, DURING THE TERM OF THE LOAN. MY (OUR) EQUITY IN THE PROPERTY SHALL NOT BE PROTECTED.

THIS NOTICE, OR ANY SUBSEQUENT INSURANCE NOTICE, WILL NOT INCLUDE COVERAGE FOR BODILY INJURY OR PROPERTY DAMAGE LIABILITY, AND WILL NOT COMPLY WITH ANY FINANCIAL RESPONSIBILITY OR NO FAULT LAWS.

THE TOTAL COST OF THIS INSURANCE (THE PREMIUM AND PREMIUM FINANCE CHARGES), IF PURCHASED BY THE LENDER, SHALL BE CHARGED TO ME (US), AND MAY INCREASE MY (OUR) MONTHLY PAYMENT AMOUNT.

I HAVE READ THE ABOVE STATEMENT AND ACKNOWLEDGE THAT IT HAS BEEN EXPLAINED TO ME(US).

DATE: 12-11-12 BORROWER: X *Van Jenkins*
CO-APPLICANT: X

Member Name: Van Jenkins
Year: 11 Make: Ford
Model: Escape VIN#: 1FMCV9D79BK053161
Agent Name: Western Underwriters Ins Company: Nationwide
Agent Phone #: 734-780-5473 Policy Number: 9121C862135

MAIL COPY OF POLICY TO:
University of Michigan Credit Union
Indirect Lending Department
Attn: Tom Lagos
305 E. Eisenhower, STE 200
Ann Arbor, MI 48108

Noted
734-662-8200

ext. 2255

Repocast.com
2851 James P Cole Blvd
Flint MI 48505

August 26, 2013

NOTICE OF PLAN TO SELL

Van Jenkins
P.O. BOX 7147
Ann Arbor, MI 48104

RE: Lien holder: University of Michigan Credit Union
Loan Account # 129066

We have repossessed your 2011 Ford Escape, (VIN: 1FMCU9D79BKC05316), because you broke a promise in your agreement with the above-referenced lien holder. We will sell these items at public or private sale. A sale could include a lease or license. The sale will be held as follows:

Date: Thursday, September 11th, 2013 or AFTER
Time: 8am to 8pm on-line internet auction at www.1800lastbid.com
Place: Repocast.com
2851 James P Cole Blvd
Flint MI 48505

The money that we get from the sale (after paying costs) will be used to reduce the amount you owe. If we get less money than you owe, you will still owe the above lien holder the difference. If we get more money than you owe, you will get the extra money, unless it must first be paid to someone else.

You can get the property back at any time before we sell it by paying us the full amount you owe (not just the past due payments), plus expenses. To learn the exact amount you must pay, please contact **University of Michigan Credit Union**. If you want an explanation in writing how we have figured the amount that you owe, you may call the credit union or write the credit union, and request a written explanation. You will be charged \$5.00 for the explanation if we sent you another written explanation of the amount you owe us within the last six (6) months.

If we find any personal property in the vehicle, we will hold it for ten (10) days from the date of this notice letter. The personal property will be held at the same location where the vehicle is being stored. You may pick up any such personal property (as well as your license plate) at this same location. If you do not claim your license plate prior to the sale of the vehicle, please be advised that it will be destroyed. Please be further advised that we assume no liability obligation regarding either the license plate or any personal property found in your vehicle.

If you need more information about the sale, call us at 616-432-6649 or write us at 2851 James P Cole Blvd, Flint MI 48505.

We are sending this notice to the following other people who have interest in your above referenced items or who owe money under your agreement: [].

Repocast.com



Dated: 08-15-2013

By: _____
Its: President

v. 12/12)

CIVIL COVER SHEET

County in which action arose _____

US 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

VAN JENKINS

(b) County of Residence of First Listed Plaintiff WASHTENAW
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

KRISTIN CRAWFORD

KATY PERKINS

County of Residence of First Listed Defendant WAYNE
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff
☐ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input checked="" type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input checked="" type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding
☒ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from Another District (specify)
☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

DEPRIVATION PER 18 U.S.C. 241 & 242 UNDER AMERICANS WITH DISABILITIES

Brief description of cause:

DISREGARDING A VALID DRIVER'S PERMIT(S) ASSAULT CAUSING REACTION TO DISABILITY

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P. DEMAND \$ \$5,000,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE ILYSSIS BOYKINS

DOCKET NUMBER 2013708614

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE

PURSUANT TO LOCAL RULE 83.11

1. Is this a case that has been previously dismissed?

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

2. Other than stated above, are there any pending or previously discontinued or dismissed companion cases in this or any other court, including state court? (Companion cases are matters in which it appears substantially similar evidence will be offered or the same or related parties are present and the cases arise out of the same transaction or occurrence.)

☐ Yes

☒ No

If yes, give the following information:

Court: _____

Case No.: _____

Judge: _____

Notes :

A filing at the administrative level of the agency's such as Secretary of the State & Livonia Police Department where complaint(s) were filed.

New Lawsuit Check List**Instructions:** Put a check mark in the box next to each appropriate entry to be sure you have all the required documents.☐ Two (2) completed Civil Cover Sheets. *1 copy*☐ Enter the number of defendants named in your lawsuit in the blank below, add 2 and then enter the total in the blank.

of Defendants + 2 = Total

Complaints

No copies

Received by Clerk: _____ Addresses are complete: _____

Case: 2:14-cv-11743

Judge: Friedman, Bernard A.

MJ: Hluchaniuk, Michael J.

Filed: 04-24-2014 At 09:17 AM

CMP VAN JENKINS V KRISTIN CRAWFORD,
ET AL (LG)☐ If any of your defendants are government agencies:
Provide two (2) extra copies of the complaint for the U.S. Attorney and the Attorney General.**If Paying the Filing Fee:**☐ Current new civil action filing fee is attached.

Fees may be paid by check or money order made out to:

Clerk, U.S. District Court

None

Received by Clerk: _____ Receipt #: _____

If Asking That the Filing Fee Be Waived:☐ Two (2) completed Application to Proceed in District Court without Prepaying Fees or Costs forms.*None*

Received by Clerk: _____

Service of Summons: Select one: Will you or Service you will employ/travel agency, or other, conduct service?**Service of Summons:**
You/yourself**Service of Summons:**
U.S. Marshal**Service of Summons:**
Other☐ Two (2) completed summonses for each defendant including each defendant's name and address.*None*

Received by Clerk: _____

☐ Two (2) completed USM - 285 Forms per defendant, if you are requesting the U.S. Marshal conduct service of your complaint.☐ Two (2) completed Request for Service by U.S. Marshal form.

Received by Clerk: _____

None☐ You need not submit any forms regarding the Waiver of Summons to the Clerk.Once your case has been filed, or the Application to Proceed without Prepaying Fees and Costs has been granted, you will need:

- One (1) Notice of a Lawsuit and Request to Waive Service of a Summons form per defendant.
- Two (2) Waiver of the Service of Summons forms per defendant.

Send these forms along with your filed complaint and a self-addressed stamped envelope to each of your defendants.

*None***Clerk's Office Use Only**

Note any deficiencies here:

No copies of emp, No fee, No FRP app, No summons, No 285 forms